Reference #:   2021-29-PCH

From: Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education
            Support Contractor (SC)
Sent: May 24, 2021
To: Hospital IQR, IPF, and PCH ListServe Recipient Lists
Subject: Hospital Contact Information Updates

The Inpatient VIQR Outreach and Education Support Contractor is responsible for maintaining provider-specific contact information. This is done in the CMS contact database, the Program Resource System. Up-to-date information is necessary to ensure acute care hospitals, inpatient psychiatric facilities (IPFs), and PPS-exempt Cancer Hospitals (PCHs) receive critical communications throughout the year. Communications may include important information regarding meeting Hospital Inpatient Quality Reporting (IQR) and other CMS quality reporting program requirements, submission deadline reminders, payment determinations, the reconsideration/appeals process, and general program updates.

This is a reminder to update contact information with us when your facility makes any key position changes by completing and submitting the fillable [Hospital Contact Change Form](). **All changes to contact information must be made in writing.**

Up-to-date information is necessary to ensure your hospital receives critical communications throughout the year. These communications include important information regarding meeting Hospital Inpatient Quality Reporting and other Centers for Medicare & Medicaid Services (CMS) quality program requirements, submission deadline reminders, payment determinations, and general program updates.

Contact Types for Hospital Inpatient VIQR Outreach and Education Support include:

- Chief Executive Officer (CEO)/Hospital Administrator (please include both if applicable)
- Hospital Inpatient Quality Reporting (IQR) – receives Hospital IQR Program communications
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) – receives IPFQR Program communications
- PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) – receives PCHQR Program communications
- Medical Records – receives all general medical records requests, excluding CDAC/Validation medical record requests (please see below for CDAC/Validation medical record requests)
- Medical Records – Clinical Data Abstraction Center (CDAC) – receives medical records requests from the CDAC/Validation
- National Healthcare Safety Network (NHSN) (Infection Control) – receives communications about NHSN quality measures
- Quality Management/Improvement – receives communications about quality programs and NHSN quality measures
- *QualityNet* Security Administrator/Official (SA/O) – Every facility participating in the Hospital IQR, PCHQR, and/or IPFQR Program must designate a minimum of one SA/O. To prevent possible interruption of *QualityNet* access, facilities are highly encouraged to appoint at least two SA/Os. If your facility does not have one, it may be at risk of incurring a reduction to its annual payment update, with the exception of the PCHQR Program.

NOTE: Submitting SA/O contact information on the Hospital Contact Change Form **will not** update or change your SA/O information in *QualityNet* or on *QualityNet* reports. This is for contact information only. To update the *QualityNet* contacts, log into the Hospital Quality Reporting (HQR) Secure Portaland update the contacts located in the contact section of the portal.

When completing the Hospital Contact Change Form, it is important that we have the complete contact information for the key positions at your facility. Contact information includes Contact Name/Title, Telephone Number and Email Address. *If you need to verify what information we currently have on file, you may access your hospital's information by clicking on the following link and entering your hospital's six-digit CMS Certification Number (CCN): Quality Reporting Center IQR CCN Lookup*

NOTE: In order to process updates on the Hospital Contact Change Form, general facility information such as Provider Name and Provider ID/CMS Certification Number (CCN) should be included on the form.

For each contact that you are changing, please indicate the Type of Contact Change by selecting the checkbox that applies (i.e., Add New to Replace Existing, Update Existing, Add Additional, or Remove Existing). If a contact type is not applicable to your facility (e.g., IPFQR or PCHQR contacts), you may leave the section blank or indicate not applicable (N/A).

You may also email the Hospital Contact Change Form with your changes.

- **Email:** QRFormsSubmission@hsag.com

NOTE: Please return this form by one method only. Do not submit duplicate forms via multiple methods.

If you previously submitted updates to us, or there are no updates to be made since your hospital's contact information was provided during our last outreach (October – December 2020), it is not necessary to submit the Hospital Contact Change Form.

Please do not respond directly to this email. For further assistance regarding the information contained in this message, please contact the Inpatient VIQR Outreach and Education Support Team at CMS Question & Answer Tool or (844) 472-4477.